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<b>To:</b> Commissioner for Patents	<b>From:</b> Jill Woodburn
<b>Fax:</b> 571-273-8300	<b>Pages:</b> 4
<b>Phone:</b>	<b>Date:</b> November 17, 2005
<b>Re:</b> 09/554,793	<b>CC:</b>

Applicant: Volker ZIMMER  
Serial No.: 09/554,793  
Filing Date: September 19, 2000  
Entitled: Capillary Active test Element Having an Intermediate Layer  
Situated Between the Support and the Covering  
Group No.: 1743  
Ref. No.: RDII 0043 US  
Attachments:

- Transmittal Form (1pp)
- Revocation of Power of Attorney with New Power of Attorney (1pp)
- Statement Under 37 CFR 3.73(b) (1pp)
- Fax Transmittal Sheet (1pp)


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PTO/SB/21 (09-04)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/554793	
	Filing Date	19-Sept-2000	
	First Named Inventor	Zimmer	
	Art Unit	1743	
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	WP 18622 US

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Statement under 37 CFR 3.73b (1pp)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Fax Transmittal (1pp)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	The Law Office of Jill L. Woodburn	
Signature		
Printed name	Jill L. Woodburn	
Date	11-17-2005	Reg. No. 39874

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Jill L. Woodburn
Date	11-17-2005

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/554793
Filing Date	19-Sept-2000
First Named Inventor	ZIMMER
Art Unit	1743
Examiner Name	
Attorney Docket Number	WP 18622 US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

32842

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Roche Diagnostics GmbH  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

i.V. Dr. Sabine Wildschütz i.V. Dr. Ralf Schwarz

November 11, 2005

Telephone

+49 62 1759 3107

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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PTO/SB/96 (08-04)

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: ROCHE DIAGNOSTICS GMBHApplication No./Patent No.: 09/554,793 Filed/Issue Date: 09-19-2000Entitled: Capillary Active Test Element Having an Intermediate Layer Situated Between the Support and the Covering

ROCHE DIAGNOSTICS GMBH, a CORPORATION  
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
 The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011123, Frame 0268, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

Roché Diagnostics GmbH

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

S. Wildschütz R. Schwarz  
 Signature

i.V. Dr. Sabine Wildschütz i.V. Dr. Ralf Schwarz

Nov. 11, 2005

Date

+49 621 759 3107

Printed or Typed Name

Telephone Number

Director

Director

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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